Yes No L	t child because nduct.	actions, or liabilities of a spouse or dependent child because ith the Committee on Standards of Official Conduct.	" income, transi rst consulted wi	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on S
ot Yes No	d trusts" need no	of Official Conduct and certain other "excepted trusts" need not ouse, or dependent child?	e on standards on ng you, your spo	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent chi
QUESTIONS	OF THESE	MATION — ANSWER EACH C	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
nswered and the h "Yes" response.	must be an	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No C	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
Yes No L	arrangement wi	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No	or before the da	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	No C	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
Yes No 1-	d receive any in the reporting e)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	No T	II. Did any Individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
Yes No L	d receive any gregating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No C	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes If yes, complete and attach Schedule I.
		QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 pena against anyo 30 days late	Employing Office: Termination Date:	Officer or Employee	Status Member of the U.S. State: Ne v 4DA House of Representatives District: 23 Report Type Annual (May 15)
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HAND DELIVERED	5	Form A For use by Members, officers, and employees	•	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

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Page Z of

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Contract County State Cot 2nd Cot 2n	Exercise trimes by four to a section of the tripes to both to be a facility and section		
State of Maryland Chall War Foundable (Cot. 200) Chall for Fee (Cot. 180) Chall for Fee (Cot. 200) Chall for Fee (Cot. 200) Shouse Stater) Shouse	Source	Туре	Amount
Colin for Founditate (CC 200) Colin for Founditate (CC 200) Colin for Founditate (CC 200) Spouse Speech OF 1/11 - LAS VEGAS SALARY OF 1/11 - LAS VEGAS OF 1/11 - LAS	Keene State	Approved Teaching Fee	\$6,000
Cold War Found table (Cold 2019) OP NV - UAS NEGAE ADA STATE SENATE OF NV - UAS NEGAE Spouse Salary SALARY SPOUSE SALARY SPOUSE SALARY	7	Legislative Pension	\$9,000
SALARY SAUSE SAURE	<u> </u>	Spouse Speech	\$1,000
SALARY SKOUSE SALARY	Milario Courily board of Education		
Sporse Sauren	UNIV OF NV-LAS VEGAS	SALARY	45,504.95
Shouse Saline	NEVADA STATE SENATE	SALARY	2206.40
	UNIT OF NV- LAS VEGAS	Shouse SALFRY	

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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CREP STOCKS	TIAH TRAD	THA CREP RETIREMENT	CREF STOCKS	TIMA TRAD	TIAM CREF RETIFICATION		DC, Examples: Simon & Schuster	SP Mega Corp. Stock	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
			×			×	Indefinite	×	None > \$1 - \$1,000	BLOCK B Value of Asset Indicate value of asset at charporting year. If you use a warmethod other than fair market please specify the method used. If an asset was sold during the re year and is included only bec generated income, the value shu "None."
X	×	X	X	×	×				\$250,001 - \$500,000 © \$500,001 - \$1,000,000	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
NA	MA	NA	NA	NA	NA	×	Royatties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IIRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
						×	X	×	None - \$1 - \$200 = \$201 - \$1,000 = \$1,601 - \$2,500 ≥ \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≤ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦ \$100,001 - \$1,000,000 ≥ \$1,000,001 - \$5,000,000 × Over \$5,000,000 ≥	BLOCK D Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S,	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Collination Oneer (in needed)			
BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income
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÷ ,	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000 Over \$60,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRI Other Type of Income (Specify)	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$5,000,000
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(MONEY FUND	X	×	X
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FRANKLIN U.S.GW. SEC	×	, X	X
SP SMITH BARNEY IRA:			
	X	γ	X
) BANK DEP. PROG.		X	X
TMFS INTERMOD, INCH.	X	×	×
	X	X	X
_	×	X	
SP PRUDENTIAL	*	X	X
Jr SMITH BARNEY RES. ACCTS			
	X	¥	X
CERT OF DEPOSIT		×	×
MUTUAL FUNDS:			

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	" ۵	Ž	m A	2	m	Ç	Ž	2	2	П									1011 June	T					"		-		<u> </u>	- Age
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

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SCHEDULE IV— TRANSACTIONS

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	** HOME FOR MY MOTHER TO LIVE IN	* PURCHASED 12-07-06; MADVIGETENTLY O							LAS NEGAS NN 89120	JT HOUSE: 3394 BROUKFIELD DR **	JT UTS-EFT STRATEGIC *	SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	stocks, bonds, commodities rutures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	
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SCHEDULE VIII—POSITIONS

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Page 7 of 9

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

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SCHEDULE IX-AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

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1-01-08 UNIVERSITY OF NEVADA PRESS		UNIVERSITY OF NEWADA - CAS VEGAS	Parties To	
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